

VILLAGE OF KEY BISCAYNE

Police Department

GOLF CART REGISTRATION AND INSPECTION

Date: Re	gistration Decal No.:			
	Event No.:			
APPLICANT INFORMATION:				
Owner's Name:				
Owner's Name:(Last)		(First)		(MI)
Address:				
City:	State:	_ Zip Code	e:	
Home Phone:	Alternate Phone:			· · · · · · · · · · · · · · · · · · ·
Driver's License No.:				
GOLF CART INFORMATION:				
Make: Model:		_ Color:		
Serial No.:				
Insurance Co.:	Po	olicy No.:		
SAFETY INSPECTION:				
*** GOLF CART MUST PASS <u>ALL</u> SAFE FOR PERMIT TO BE ISSUED ***	TY POINTS BELOW		PASS	FAIL
BRAKES				
STEERING APPARATUS				
TIRES REAR VIEW MIRROR				
RED REFLECTION WARNING DEVICES	(Front & Rear)			
REAR STOP LIGHTS	(From a real)			
TURN SIGNALS				
SAFETY BELTS				
WINDSHIELD				
HEADLIGHTS				

_ Copy of Golf Cart Rules & Regulations Provided for New Registrations